

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212534096			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Mid-Atlantic Renal Coalition 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: W JOSEPH OWEN III OWEN & OWENS PLC 15521 MIDLOTHIAN TNPKE STE 300 MIDLOTHIAN, VA 23113 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="width: 35%;"> DUE DATE: 10/31/2012 SCC ID NO: 03113677 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 300 ARBORETUM PLACE STE 310 CITY/ST/ZIP: RICHMOND, VA 23236 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DERRICK LATOS MD TITLE: TREASURER ADDRESS: NEPHROLOGY ASSOC., INC 58 16TH ST, SUITE 500 CITY/ST/ZIP/CO: WHEELING, WV 26003-0715 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DERRICK LATOS MD TITLE: TREASURER ADDRESS: NEPHROLOGY ASSOC., INC 58 16TH ST, SUITE 500 CITY/ST/ZIP/CO: WHEELING, WV 26003-0715	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY HOWARD MD DIRECTOR 2616 SHERWOOD HALL LN SUITE 209 ALEXANDRIA, VA 22306	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK MOORE MD DIRECTOR WASHINGTON HOSPITAL CENTER 110 IRVING ST, NW RM 2A70 WASHINGTON, DC 20010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD KNIGHT DIRECTOR 6501 MANTON WAY LANHAM, MD 20706	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL LIGHT MD DIRECTOR UNIVERSITY OF MD HOSPITAL 22 S. GREENE ST RM N3W143 BALTIMORE, MD 21201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK MADDUX MD DIRECTOR 2080 BERRY HILL RD DANVILLE, VA 24541	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY PERLMUTTER MD DIRECTOR NEPHROLOGY ASSOC OF MONTGOMERY CO 6240 MONTROSE RD ROCKVILLE, MD 20852	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SADLER MD DIRECTOR IDF-PARKVIEW CENTER 840 HOLLINS ST BALITMORE, MD 21201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW WILLIAMS DIRECTOR PO BOX 5237 TAKOMA PARK, MD 20913	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN WIESENDANGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN WIESENDANGER, BOARD CHAIR PRINTED NAME AND CORPORATE TITLE	9/4/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			